

Organ Donation in the South West



Blood and Transplant



NHS
North Bristol
NHS Trust

Sarah Finney

"We lost our beautiful, funny and spirited angel, Sarah, in December 2019. Sarah had an aneurysm and bravely fought for ten days, but tragically a second aneurysm proved fatal.

Sarah had always talked about organ donation so we knew that it would be her wish to donate, and in so doing she was able to save four people's lives at Christmas time.

We will always love, cherish and miss Sarah for the rest of our days and are incredibly proud of her."

Sarah's mum, dad, family and friends



Yes I donate
ORGAN DONATION

Organ donation... the greatest gift

NHS

Blood and Transplant

NHS

Blood and Transplant

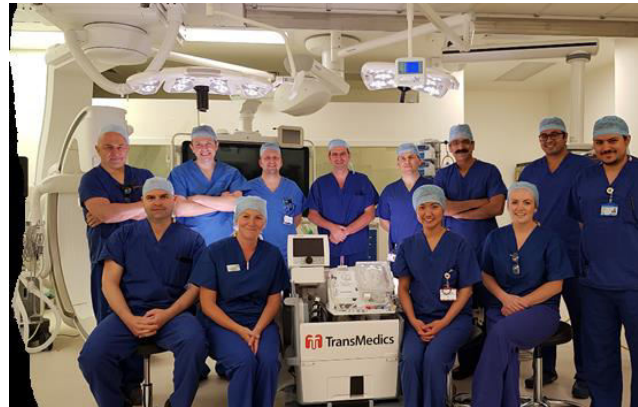
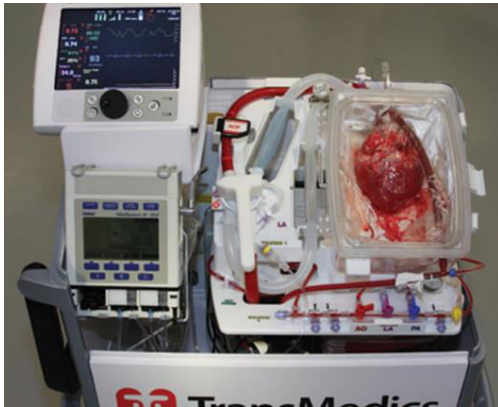
but one of the most
complex processes
in the

NHS

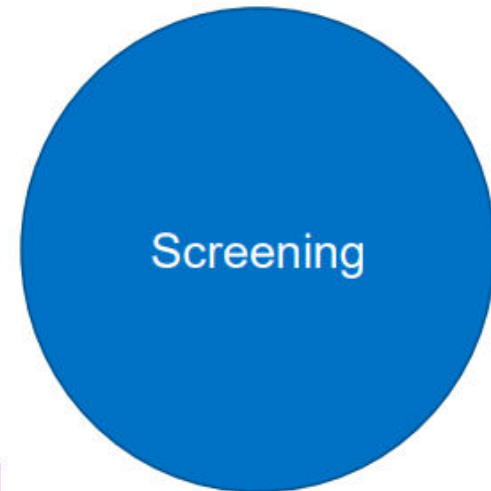
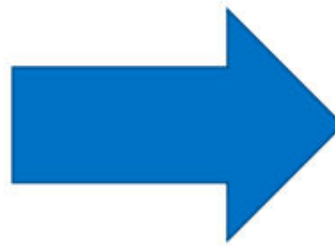


Yes I donate
ORGAN DONATION

Advances & Challenges – smaller DCD heart



Please Refer Early!



Referral
phone
number
0300 20 30 40

Reasons to encourage early referral of Potential Donors

- Allows assessment of suitability - screening of potential donors before approaching families
- Reduces delays waiting for '*what happens next*' conversation - for ICU and family
- Time for Coronial /GP discussions and detailed medical/social assessment
- Allows SN-OD involvement in family approach- positive impact on consent

Every referral is different... some common queries.. !

- ♥ What if I'm not sure a patient fits referral criteria?
- ♥ What if a patient referred as DCD proceeds to ND criteria ?
- ♥ What if the patient has positive virology or complex history?
- ♥ What if the patient doesn't have a NOK?

[Menu](#)[Organ donation](#) / [News and campaigns](#) / [News](#)[/ Families saying no to donation results in missed transplant opportunities for UK patients](#)

Families saying no to donation results in missed transplant opportunities for UK patients

Friday, 15 Jan 2016

More than 500 families in the UK have said no to organ donation taking place since 1 April 2010 despite knowing or being informed their relative was on the NHS Organ Donor Register and wanted to donate. These family refusals have resulted in an estimated 1,200 people missing out on a potentially life-saving transplant.

Family refusals result in missed transplant opportunities

NHS Blood and Transplant has released the figures to draw attention to the fact that family refusals mean that people either wait longer for a transplant or die on the transplant list. There are currently 6,578* people waiting for an organ transplant across the UK. When a family says no to donating, someone waiting for a transplant may miss out on their only opportunity for a transplant. Around 1,000 people die in need of a transplant across the UK each year.



The law around organ donation in England has changed

Organ donation remains your choice
visit organdonation.nhs.uk



Diagnosis of Death

Blood and Transplant

ACADEMY OF
MEDICAL ROYAL
COLLEGES

A CODE OF PRACTICE FOR
THE DIAGNOSIS AND
CONFIRMATION OF DEATH

Form for the Diagnosis of Death using Neurological Criteria in Infants less than 2 months old (short version)

This form is consistent with and should be used in conjunction with the AoMRC (2008) A Code of Practice for the Diagnosis and Confirmation of Death and RCPCH (2015) The Diagnosis of Death by Neurological Criteria in Infants less than two months old* and has been endorsed for use by the following institutions: Paediatric Intensive Care Society, Royal College of Paediatrics and Child Health and National Organ Donation Committee: Paediatric Subgroup. Date for review: 1/5/2023

HOSPITAL ADDRESSOGRAPH or
Surname
First Name
Date of Birth
NHS / CHI number

Examining Doctors

The diagnosis of death by neurological criteria should be made by at least two medical practitioners. Both medical practitioners should have been registered with the General Council (or equivalent Professional Body) for more than five years and be competent in the assessment of a patient who may be deceased following the irreversible cessation of brain function and competent in the conduct and interpretation of the brain-stem examination. Both doctors should be competent in the diagnosis of death by neurological criteria. One doctor should be a paediatrician or paediatric intensivist and one should be a consultant. Clinicians unfamiliar with the test should seek advice from Neonatal or Paediatric Regional Units.

Testing should be undertaken by the nominated doctors acting together and performed on two occasions. A complete set of tests should be performed on a total of two sets of tests will be performed. Doctor One may perform the test observes; this would constitute the first set. Roles may be reversed for the second set. In particular the apnoea test, are therefore performed only twice in total.

Preconditions

- The infant is comatose and mechanically ventilated for apnoea.
- The diagnosis of structural brain damage has been established or the cause of coma is known and in particular:
 - Drugs are not the cause of coma
 - Neuromuscular blockade has been demonstrably reversed
 - Core temperature >34°C
 - There is no endocrine or metabolic disturbance that could be the cause of unresponsiveness.

An additional precondition to be taken in this patient population: In post-asphyxiated infants, or those receiving intensive care after cardiac arrest or not they have undergone hypothermia, there should be a period of observation during which the preconditions necessary for the use of neurological criteria should be present before clinical testing. In the case of about residual drug-induced sedation, then this period may need to be extended.

Diagnostic caution is advised in the following 'Red Flag' patient categories (see literature and unpublished case reports) For advice in difficult circumstances contact the regional Clinical Lead for Organ Donation, or regional paediatric / neonatal intensivist.

1. Testing < 6 hours of the loss of the last brain-stem reflex	4. Patients with any neuro-muscular disorders	6. Patients with any structural brain damage
2. Testing < 24 hours from the loss of last brain stem reflex where aetiology primarily anoxic damage	5. Steroids given in space occupying lesions such as abscesses	7. Patients with any structural brain damage
3. Hypothermia 24-hour observation period following re-warming		

May 2020

Form for the Diagnosis of Death using Neurological Criteria in Children 2 months to 18 years* (long version)

This form is consistent with and should be used in conjunction with the AoMRC (2008) A Code of Practice for the Diagnosis and Confirmation of Death* and has been endorsed for use by the following institutions: Paediatric Intensive Care Society, Paediatric Intensive Care Society, Royal College of Paediatrics and Child Health and National Organ Donation Committee: Paediatric Subgroup. Date for review: 1/5/2023

Number HOSPITAL ADDRESSOGRAPH or
Surname
First Name
Date of Birth
NHS/CHI number

Objective of Care

- To diagnose and confirm the death of a mechanically ventilated, severely brain injured patient in whom there is no possibility of recovery of consciousness, using neurological criteria.

Academy of the Medical Royal Colleges Definition of Human Death (2008): "Death entails the irreversible loss of those essential characteristics which are necessary to the existence of a living human person and, thus, the definition of death should be regarded as the irreversible loss of the capacity for consciousness, combined with irreversible loss of the capacity to breathe. The irreversible cessation of brain-stem function whether induced by intra-cranial events or the result of extra-cranial phenomena, such as hypoxia, will produce this clinical state and therefore irreversible cessation of the integrative function of the brain-stem equates with the death of the individual and allows the medical practitioner to diagnose death."

Context

- National professional guidance advocates the confirmation of death by neurological criteria wherever this seems a likely diagnosis and regardless of the likelihood of organ donation.^{1,2}
- UK General Medical Council (GMC) guidance on end of life care (2010) states that national procedures for identifying potential organ donors should be followed and, in appropriate cases, the specialist nurse for organ donation (SN-OD) should be notified. In appropriate cases, the Standards recommend that the specialist nurse for organ donation (SN-OD) should be notified at the point when the clinical team declare the intention to perform brain-stem death tests.^{3,4}

Date and time of referral to SN-OD:

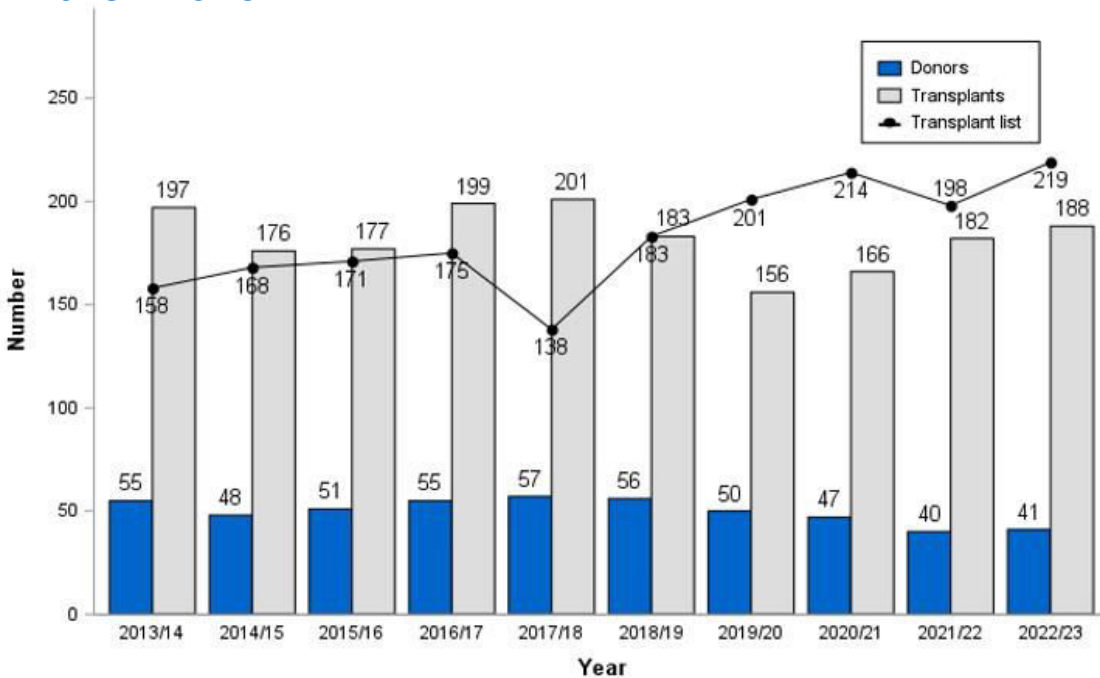
- Whilst most patients will already be in an Intensive Care Unit (ICU) when the diagnosis is suspected, some patients may be in other areas, e.g. the Emergency Department. On such occasions, it is legitimate, if considered necessary, to transfer a patient to the ICU for the diagnosis to be made.
- For many clinicians, the diagnosis and confirmation of death using neurological criteria is a relatively infrequent task and may be complicated by uncertainties regarding the nature of the primary diagnosis, irreversibility and the availability of suitably experienced personnel. Updated guidance on the diagnosis and confirmation of death by neurological criteria was published by the Academy of the Medical Royal Colleges (AoMRC) in 2008.⁵ For infants from 37 weeks to < 2 months guidance was published by the Royal College of Paediatric and Child Health in 2015.⁶

The person with parental responsibility for the child and other close family members should be made aware that the purpose of testing is to confirm the child's death. If given an opportunity to witness the neurological examination, they should be appropriately supported and prepared for the possibility of spinal reflexes and their lack of relevance, as far as the diagnosis of death by neurological criteria is concerned. Whether the child's close family witness the clinical examination or not, the child's need for dignity and privacy, should remain paramount.

May 2020

1/10

Number of deceased paediatric (less than 18 years) donors, transplants and active transplant list in the UK, 1 April 2013 – 31 March 2023



UK PICU mortality (< 16 years)

2004 – 5.5 %
2021 – 3.5 %

Fewer children now die in PICU

“...the family of every child who is reaching the end of life in PICU and who is a potential organ donor, should be offered the opportunity to consider donation....”

Infant and Paediatric Triggers for Notification (iPNP)

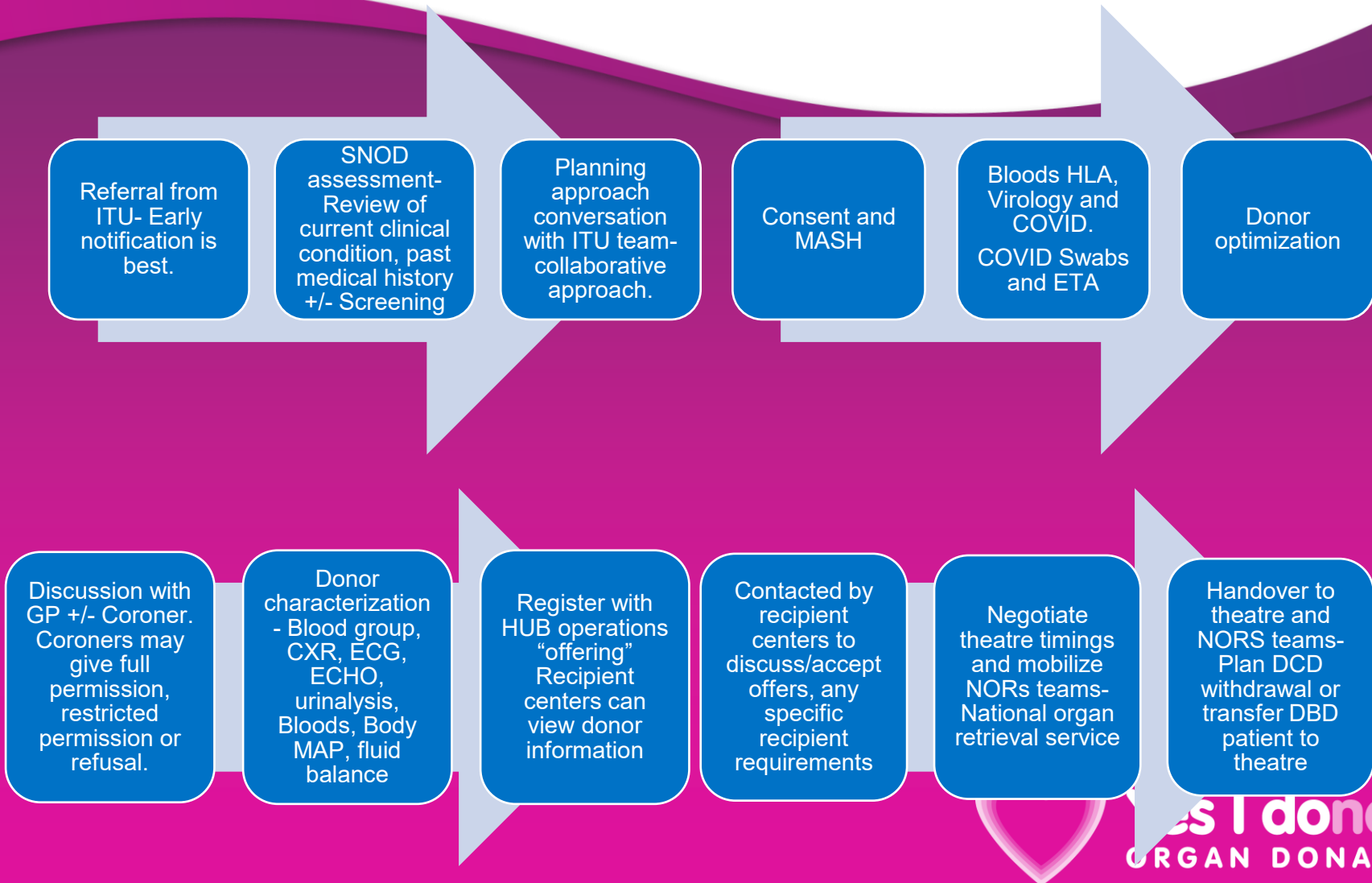
- **Death is likely in the next 48 hours** – either by neurological determination of death through testing criteria or by withdrawal of life sustaining treatment
- **Family have raised organ donation**
- Discussions regarding **re-orientation** including **palliative care**
- **Early end of life care** planning



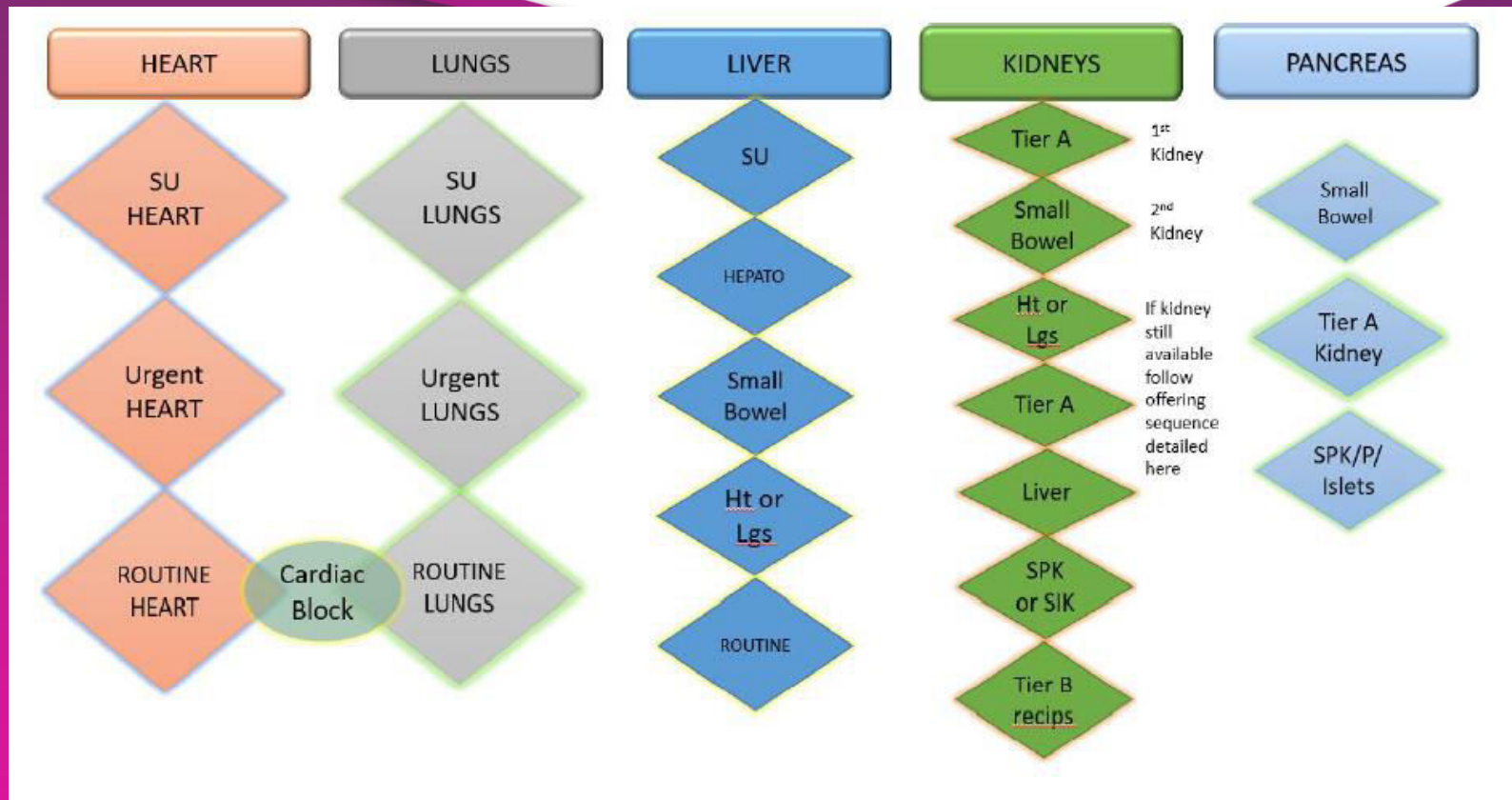
Role of the SNOD if organ donation is proceeding

- High quality end of life care on ICU in collaboration with ICU team
- Supporting family throughout the process, completion of formal consent form
- Thorough examination of patient's past medical history, including conversation with patient's GP, to ascertain whether someone's organs are safe to be transplanted
- Register with central hub who will complete offering
- SNODs answer all queries from transplant centres before they accept the organ
- Mobilising a retrieval team to attend the donor hospital, checking with local theatres that they can accommodate this operation

The process step by step



Organ Offering Sequences



Moment of honor – family requests such as music or keepsakes

Updating RCPOC and HUB on timings, anatomy +/- intraoperative findings

Organ packing, collection and transport to transplanting centers

Last offices and transfer to mortuary – SNOD will remain with patient until the end

Family updated post theatre

Family receive transplant outcome letters, usually 1-2 weeks post donation.

Staff follow up +/- debrief if required



Reasons why donation may not go ahead

- Coroner issues
- Family/ Next of kin issues/ lack of agreement
- New information on medical history/ risk factors
- Virology
- Organs may be declined
- Cardiac arrest

SNOD Role in Theatre

- Handover to retrieval team and local theatre team – **Moment of honor**
- Co-ordinate entire process and ensure patient dignity at all times
- Supporting theatre staff throughout
- Communication (Recipient Centre's/ HUB Operations/ Local theatre Team/ PICU staff/ Retrieval Teams and family)
- Accurate timings and documentation
- Packaging of organs
- Manage any unexpected findings

Family care and follow up

- Keepsakes
- Outcome letters
- Gold pins
- Order of St John
- Recipient thank you letters



Order of St John ceremony



Blood and Transplant

“The ceremony was lovely – I’m glad we came – I was apprehensive, almost dreading it but it signified something important. I can’t say the grief is any easier but the recognition of his achievement and knowing that he has helped others really does give some comfort in the darker days. It was also good to feel part of a family within the transplant service and other relatives there. Perhaps not a family you intended or wanted to join, but now you have it’s a lovely one. Thank you to all who made it such a special day.”



Yes I donate
ORGAN DONATION

